

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/856814

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		0		1		
4		0		1		
5		0		1		
6	1		1			
7		1		1		
8		2		1		
9		0		1		
10		1		1		
11		1		1		
12		0		1		
13		1		1		
14		0		1		
15	1		1			
16		1		1		
17		1		1		
18		3		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23	1		1			
24		1		1		
25		2		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		1		1		
33	1		1			
34		1		1		
35		1		1		
36		3		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		1		1		
42		0		1		
43		0		1		
44		0		1		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	39		39			
TOTAL CLAIMS	44		44			

CLAIMS						
	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS